

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Jacob B. Althoff		Town Taneytown		County Carroll		MARYLAND	
Died at Taneytown		Date of death 1908		Month Feb		Day 25	
Sex Male		Color or Race White		Age 23		Months 2	
Occupation Farmer		Where Residing if not at place of death		Birth-place Adams Co Pa		Days 4	
Married, Single or Widowed Single		Name of Wife or Husband		Father's Name Joseph Althoff		Father's Birthplace Adams Co Pa	
Mother's Maiden Name Annie Crosta		Name of person giving information Joseph Althoff		Mother's Birthplace " " "		How related to deceased Father	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis	How long Six Months
Immediate Tubercular Laryngitis	How long One month
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Charles M. Benner M.D.
	Address Taneytown Md.
Accident or Suicide?	



Name
in
Full

Loydia M Bankard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laneytown</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1908	Month	2	Day	5
Age	63	Years		Months	11
Sex	Female	Color or Race	White	Birthplace	Mod Ind
Occupation	Housewife		Where Residing if not at place of death <i>New Midway Ind to</i>		
Married, Single or Widowed	Widowed		Name of Wife Husband <i>Emanuel Bankard</i>		
Father's Name	<i>Samuel B Hayner</i>		Father's Birthplace <i>Ind</i>		
Mother's Maiden Name	<i>Loydia E Eckenrode</i>		Mother's Birthplace <i>Mod</i>		
Name of person giving information	<i>Milton H Bankard</i>		How related to deceased <i>Son</i>		

Pape Creek

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>arterio Sclerosis</i>	How long	
Immediate	<i>Apoplexy</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W Birnie Mel</i>	
		Address	
		<i>Laneytown</i>	
Accident or Suicide?			

Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

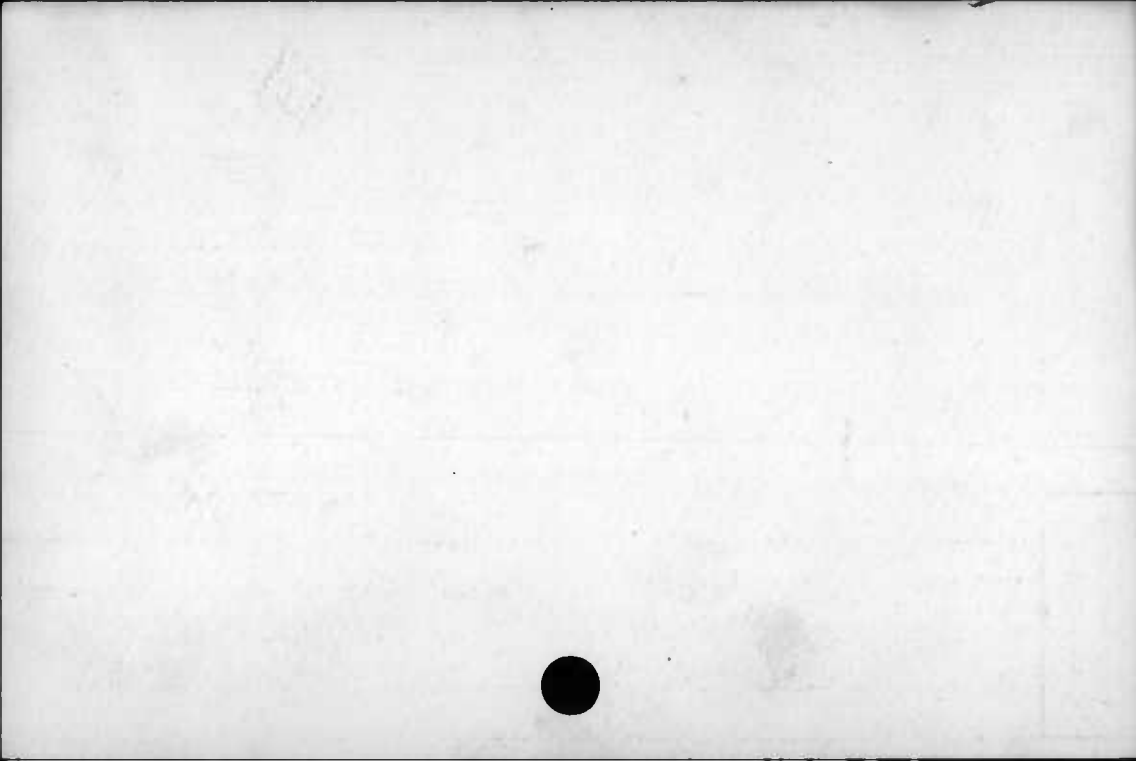
Name <i>Mary G. Boose</i>		Town <i>Union Run</i>		County <i>Ganoll</i>		MARYLAND	
Died at <i>Union Run</i>		Date of death <i>1908 Feb 27</i>		Age <i>64</i>		Months <i>5</i> Days <i>5</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ganoll</i>			
Occupation <i>Invalid</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>David Boose</i>					
Father's Name <i>Isaac H. Gull</i>		Father's Birthplace <i>Ganoll</i>					
Mother's Maiden Name <i>Sarah Gahn</i>		Mother's Birthplace <i>Ganoll</i>					
Name of person giving information <i>David Boose</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>General debility due to a fall. Chronic bronchitis in R of heart</i>	How long <i>3 yrs</i>
Immediate <i>Broncho Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. Lewis Wetzel M.D.</i>
	Address <i>Union Mills Ind.</i>
Accident or Suicide? <i></i>	



Name
in
Full

Benedict Brown

CERTIFICATE OF DEATH

Tcwn

County

MARYLAND

Died at

near Mt Airy

Carroll

Date

1908

Month

Feb.

Day

20

Years

Age 65

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland.

Occupation

Silver-smith
and jewelerWhere Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Sally Brown

Father's
Name

Henry Brown

Father's
Birthplace

Maryland

Mother's
Maiden Name

Rachel Brooks

Mother's
Birthplace

Maryland

Name of person giving
In formation

Sally Brown

How related
to deceased

Wife.

CAUSES OF DEATH

40

Primary

Carcinoma of stomach

How long

Don't know.

Immediate

General emaciation from cancer

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

J. W. Lacy

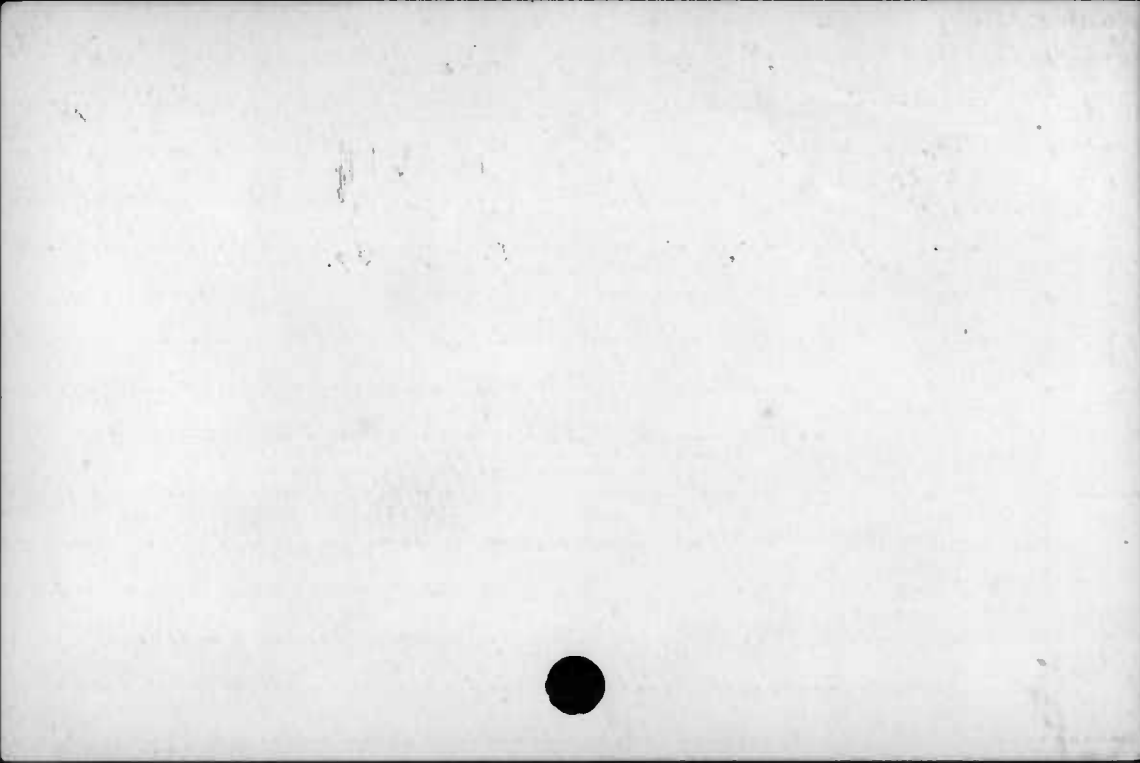
Address

Lisbon

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Anna Buckingham

3/5

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>16</i>	Age <i>83</i>	Years <i>9</i> Months <i>21</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Eliya Buckingham</i>			
Father's Name <i>Elmer Shipley</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Batherine Agg</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>John Buckingham</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary <i>Dementia</i>	How long <i>Don't know</i>
Immediate <i>Paralysis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. Woodward</i>
	Address <i>Westminster</i>
Accident or Suicide? <i>No</i>	<i>md</i>

Deer Park Cemetery
Stoner.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Clarence & May Buffington
 Died at Middlebury Town Carroll County
 Date of death 1908 February 5 Age 5 Years 2 Months 2 Days
 Sex male Color or Race white Birth-place Middlebury
 Occupation Infant Where Residing if not at place of death _____
 Married, Single or Widowed // Name of Wife or Husband _____
 Father's Name Clarence Edward Buffington Father's Birthplace Maryland
 Mother's Maiden Name May Edizbeth Slagle Mother's Birthplace Maryland
 Name of person giving information Mrs Charles Slagle How related to deceased Grandmother

Mt. Vernon

CAUSES OF DEATH

151PHYSICIAN
OR CORONER

Primary Post-natal Atetctasis ✓ How long 2 days
 Immediate Premature delivery How long 7 months child
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician Charles E. Koop
 Address Taneytown
Ind
 Accident or Suicide?



Name
in
Full

Catherine Butler

318

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster ^{Town} Carroll ^{County} MARYLAND

Date of death 1908 ^{Month} Feb ^{Day} 24 ^{Year} 88 ^{Months} — ^{Days} —

Sex Female Color or Race Colored Birth-place Maryland

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed Widow Name of ~~Wife or~~ Husband Wm. L. Butler

Father's Name Henry Know Father's Birthplace —

Mother's Maiden Name Wm. Know Mother's Birthplace —

Name of person giving information Joseph Wilcox How related to deceased Friend

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Heart disease How long 2 days

Immediate Same How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. L. Batton

Address Westminster Md

Accident or Suicide? —

Private Cemetery

New Windsor Road

one mile from New Windsor

Stoner.

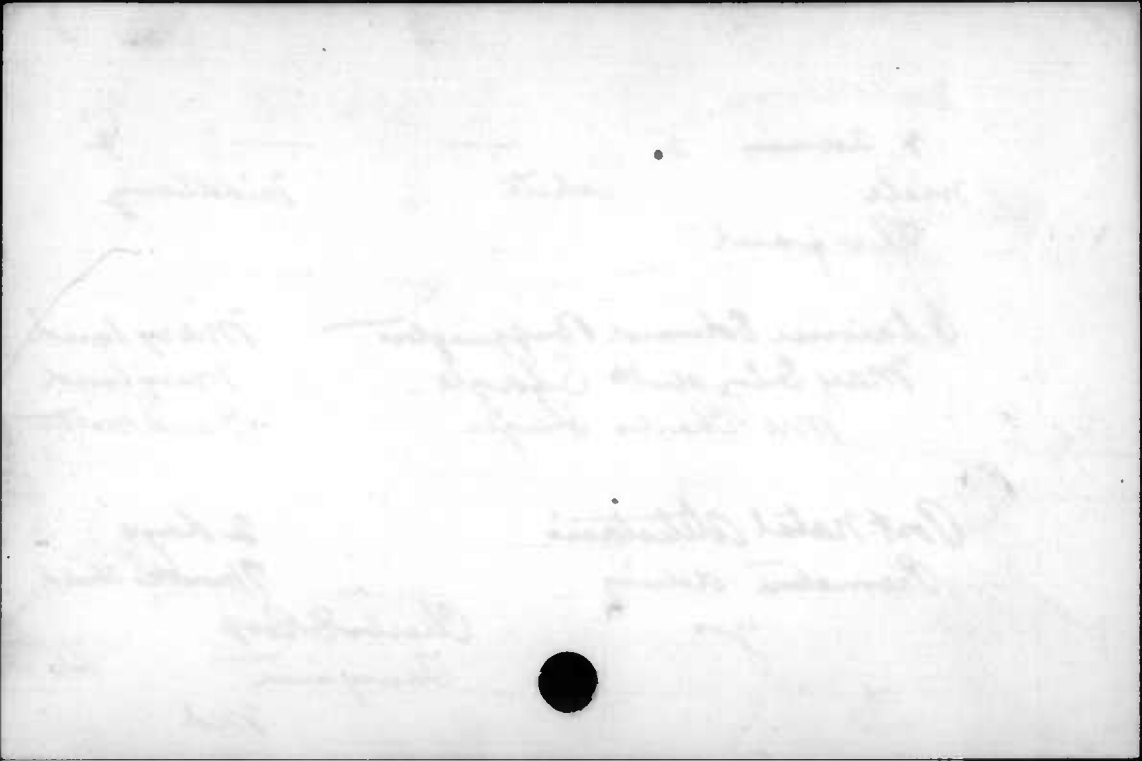
Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Manchester</i>		Town <i>Manchester</i>		County <i>Carroll Co</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>6</i>	Age <i>76</i>	Years	Months <i>3 months</i>	Days	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Manchester</i>				
Occupation <i>Implement Agent</i>	Where Residing if not at place of death <i>Manchester</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Martina (Warr) Crumrine</i>						
Father's Name <i>William Crumrine</i>	Father's Birthplace <i>Manchester</i>						
Mother's Maiden Name <i>Lydia Weaver</i>	Mother's Birthplace <i>Manchester</i>						
Name of person giving information <i>Marguerite Cyster</i>	How related to deceased <i>daughter</i>						
CAUSES OF DEATH							
Primary <i>Embolism</i>				How long <i>About 6 months</i>			
Immediate <i>Brain Softening</i>				How long <i>4 months</i>			

PHYSICIAN
OR CORONERAre the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. B. Weaver*Address *Manchester, Md.*Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

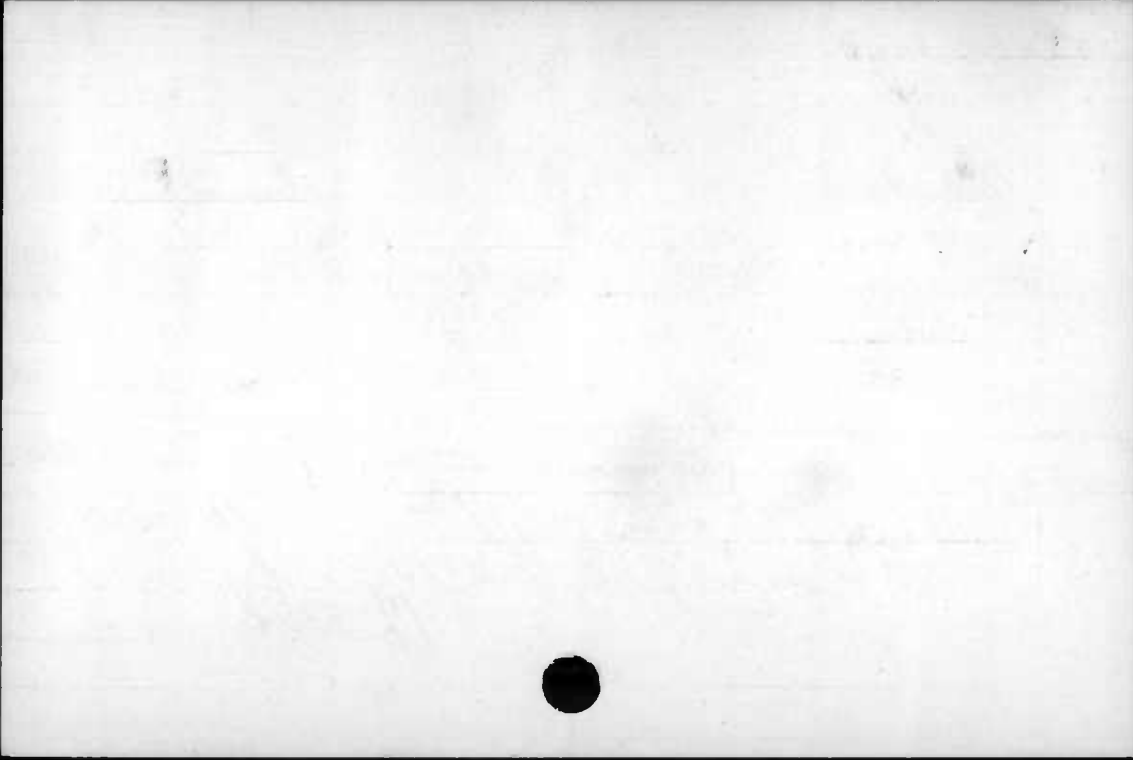
Died at <i>Hampsfield</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>18</i>	Age <i>2</i>	Years <i>5</i>	Months <i>28</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hampsfield Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed		Name of Wife or Husband <i>_____</i>			
Father's Name <i>John W. Dree</i>			Father's Birthplace <i>Washington Md</i>		
Mother's Maiden Name <i>Annie L. Rice</i>			Mother's Birthplace <i>Hampsfield Md</i>		
Name of person giving information <i>John W. Dree</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary <i>Scalded with hot water</i>	How long <i>_____</i>
Immediate <i>Shock, Heart Failure</i>	How long <i>18 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edgar M. Bush M.D.</i>
	Address <i>Hampsfield Md</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Eunith Elizabeth Durall

317
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Medford</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>25</i>	Years <i>7</i>	Months <i>8</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>William. C. Durall</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Sallie C. Warner</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>William. C. Durall</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Heart-Trouble</i>	How long	<i>6 weeks</i>
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos. O. Coonan</i>	
		Address <i>Westminster Md</i>	
Accident or Suicide?			

Stone Chapel Cemetery
Stouev.

Name in Full		Certificate of Death			
Lorna Ehart		Town Taneytown		County Garroll	
Died at		Date of death		Maryland	
1908		Month Feb		Day 9	
Age		Years 77		Months 10	
Sex Female		Color or Race White		Birthplace Garroll Co	
Occupation Housewife		Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wife or Husband Jacob Ehart			
Father's Name Abraham D. Vontz		Father's Birthplace Garroll Co			
Mother's Maiden Name Unknown		Mother's Birthplace Unknown			
Name of person giving information Jacob Warehien		How related to deceased Son			
CAUSES OF DEATH					
Primary Complication of diseases		How long 2 yrs			
Immediate Cerebral apoplexy		How long 12 hours			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician B. Lewis Wetzel M.D.			
Address Union Mills Ind					
Accident or Suicide?					

did Feb 9 '08

aged 77-10-26

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

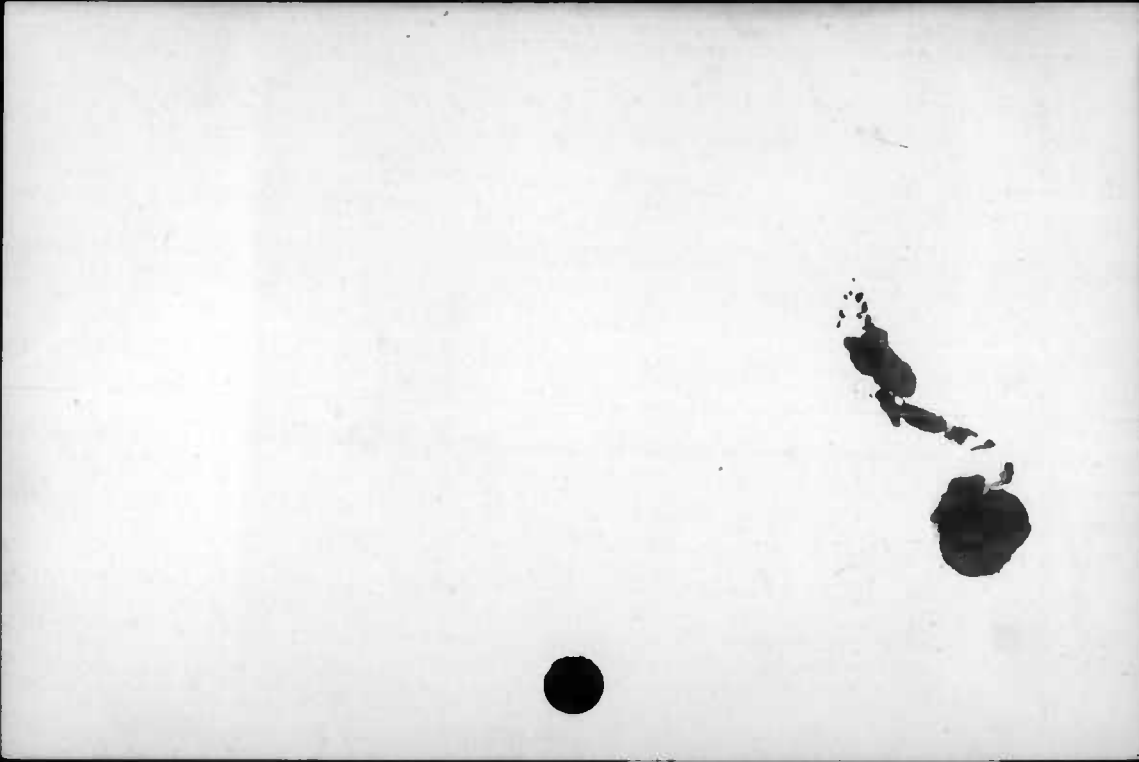
Name in Full <i>Josiah Fleagle</i>		Town <i>Taneytown</i>		County <i>Carroll</i>		MARYLAND	
Date of death 1908		Month 2	Day 11	Age 74	Months 3	Days 17	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Mason</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Catherine A Fleagle</i>					
Father's Name <i>George Fleagle</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Lydia Froot</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Jacob Fleagle</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

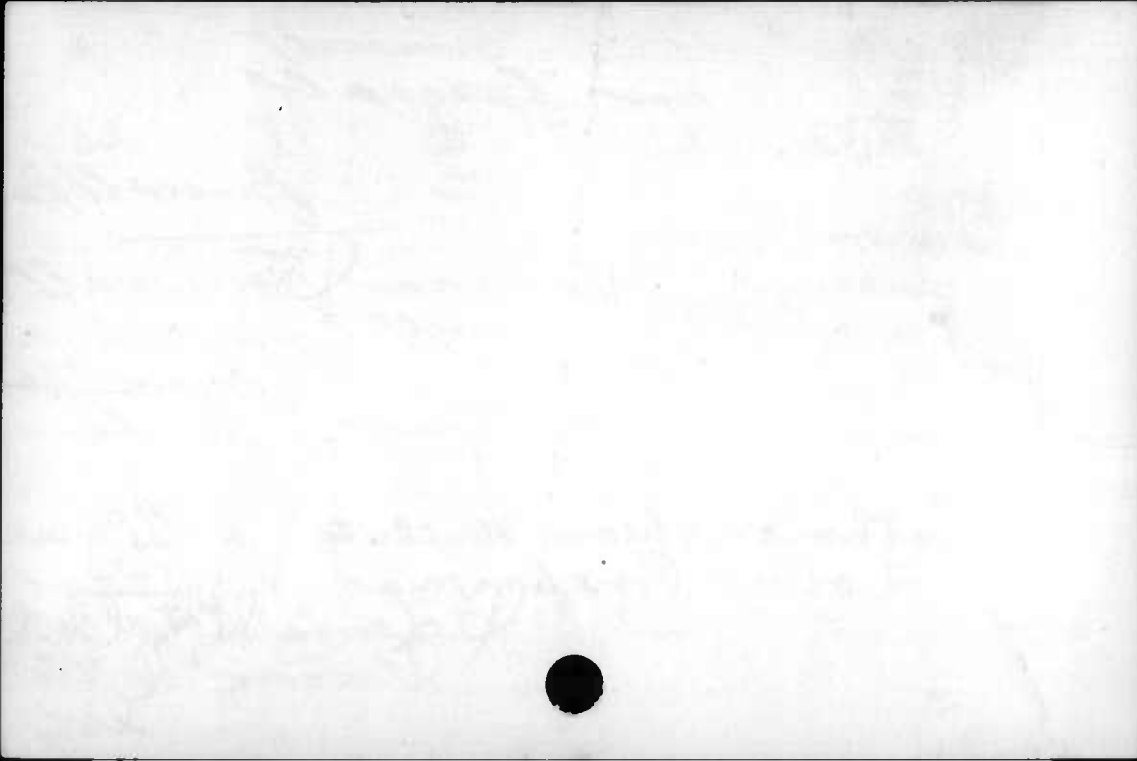
179

PHYSICIAN
OR CORONER

Primary	<i>Do not know</i>		How long	<i>—</i>
Immediate	<i>Heart Failure</i>		How long	<i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. J. Davis.</i>	
		Address	<i>Taneytown.</i>	
			<i>Md.</i>	
Accident or Suicide? <i>—</i>				



Name In Full Mary Flickenger		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Springfield Hospital - Sykesville - Carroll		MARYLAND
	Date of death 1908	Month February	Day 15 Years 55 Months — Days —
	Sex Female	Color or Race White	Birth-place Ind.
	Occupation Domestic	Where Residing if not at place of death	
	Married, Single or Widowed Single	Name of Wife or Husband	
	Father's Name Amos Flickenger	Father's Birthplace Unknown	
	Mother's Maiden Name Unknown	Mother's Birthplace Unknown	
Name of person giving information Hospital Records.	How related to deceased Son		
CAUSES OF DEATH			74
PHYSICIAN OR CORONER	Primary Epileptic Dementia	How long 8 yrs.	
	Immediate Cerebral Tumor + Exhaustion	How long ?	
	Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician W. Henry Fisher M.D.	
		Address Sykesville	
Accident or Suicide? No.		Ind -	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

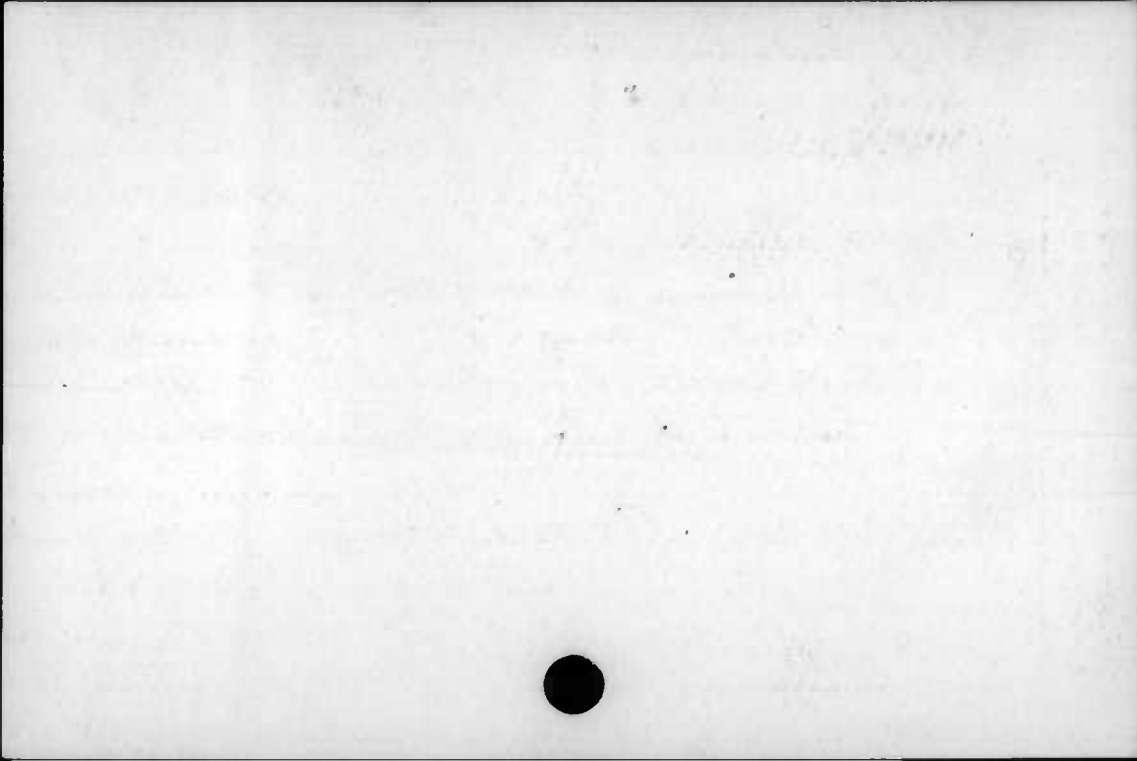
Died at <i>Silver Run</i> ^{Town}		<i>Garroll</i> ^{County}		MARYLAND	
Date of death <i>190</i> ^{Month} <i>Feb.</i> ^{Day} <i>27</i> ^{Years} <i>62</i> ^{Months} <i>8</i> ^{Days} <i>23</i>		Sex <i>Male</i> Color or Race <i>White</i>		Birth-place <i>Garroll Co</i>	
Occupation <i>Retired Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susanna Formwalt</i>			
Father's Name <i>Jacob A. Formwalt</i>		Father's Birthplace <i>Garroll Co</i>			
Mother's Maiden Name <i>Maria Little</i>		Mother's Birthplace <i>Garroll Co</i>			
Name of person giving information <i>Susanna Formwalt</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Asthma, Chronic Nephritis</i>	How long	<i>2 1/2 Yrs</i>
Immediate	<i>Lobar Pneumonia</i>	How long	<i>9 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. Lewis Wetzel M.D.</i>	
		Address <i>Union Mills Ind.</i>	
Accident or Suicide?			



Name
in
Full312
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

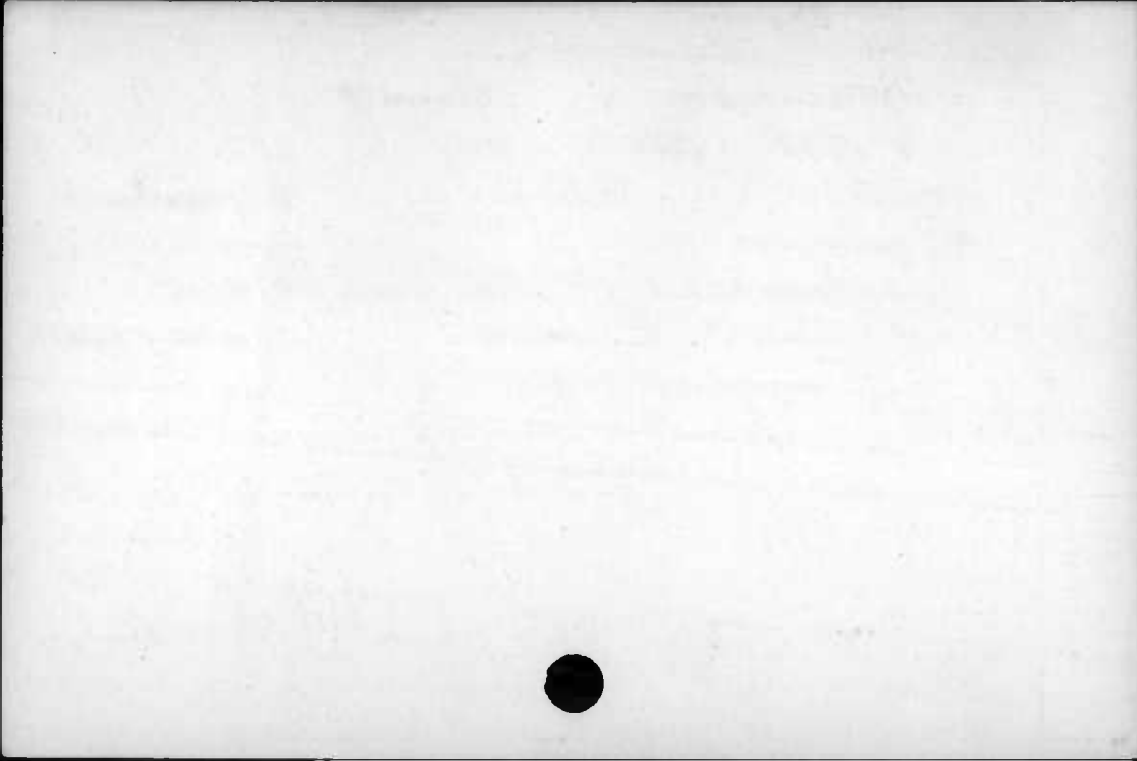
Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1908	Month	<i>Feb</i>	Day	<i>6</i>
Age	<i>74</i>	Years	<i>5</i>	Months	<i>25</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>House Painter</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Sarah A. L. Evans</i>			
Father's Name	<i>Adam. Gilbert</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Catharine Duffenbaugh</i>		Mother's Birthplace	<i>11</i>	
Name of person giving information	<i>Sarah A. L. Gilbert</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Mitral Regurgitation & Chronic Nephritis</i>	How long	<i>Several years</i>
Immediate	<i>Cardiac Dilatation -</i>	How long	<i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. R. Foutz</i>
		Address	<i>Westminster</i>
Accident or Suicide?	<i>No</i>		<i>Med</i>



Name
in
Full816
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

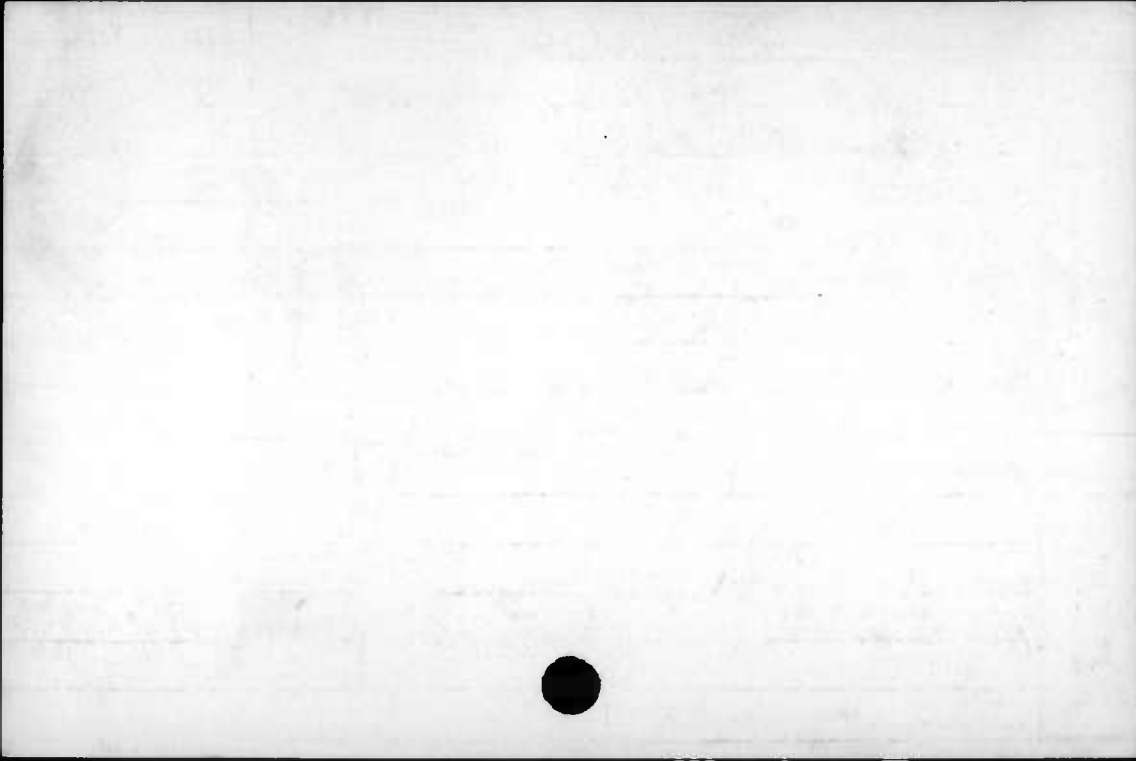
John C. Grumbine
 Died at *Westminster* Town *Carroll* County
 Date of death *1908 Feb 22* Age *81* Months *5* Days *27*
 Sex *Male* Color or Race *White* Birth-place *Mayland*
 Occupation *Trainer* Where Residing if not at place of death
 Married, Single or Widowed *Widower* Name of Wife or Husband *Ellen Jane Myers*
 Father's Name *William H. Grumbine* Father's Birthplace *Mayland*
 Mother's Maiden Name *Comfort Hobbs* Mother's Birthplace *do*
 Name of person giving information *Frank Grumbine* How related to deceased *Son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Old age* How long *82 years -*
 Immediate *Transition* How long *month -*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *Jas. H. Billingslee M.D.*
 Address *Westminster Md*
 Accident or Suicide? *No*



Name in Full		Mandela Hann				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Bachman's Mills		County Carroll		MARYLAND
	Date of death	1908	Month Feb	Day 26	Age 73	Years 7	Months 22
	Sex	Female		Color or Race	White		Birth-place Maryland
	Occupation	Housewife			Where Residing if not at place of death		
	Married, Single or Widowed	Married		Name of Wife or Husband	Samuel Hann		
	Father's Name	Geo Wz			Father's Birthplace	Maryland	
	Mother's Maiden Name	Hannah Haines			Mother's Birthplace	Carroll co md	
	Name of person giving information	James Hann			How related to deceased	Son	
CAUSES OF DEATH							10
PHYSICIAN OR CORONER H	Primary		La Grippe			How long 4 weeks	
	Immediate		Natal Resurrection			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician J H Sherman M.D.			
				Address Manchester Ind			
Accident or Suicide?							



Name
in
Full314
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> ^{Town} <u>Carroll</u> ^{County}		MARYLAND									
Date of death	1908	Month	Feb.	Day	15	Age	Years	Months	Days	3	minutes
Sex	Male		Color or Race	White		Birth-place	Md.				
Occupation						Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband								
Father's Name	John Himes					Father's Birthplace	Md.				
Mother's Maiden Name	Jennie Greenholtz					Mother's Birthplace	Md.				
Name of person giving information	Jennie Greenholtz					How related to deceased	Mother				

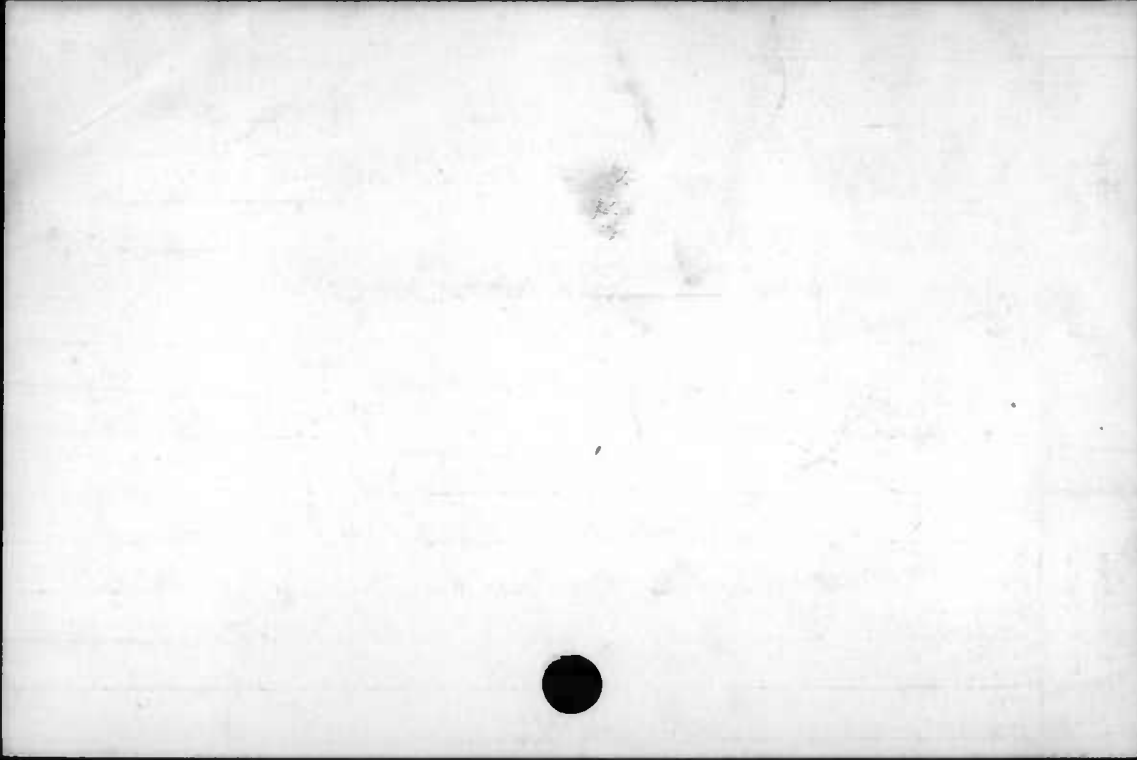
CAUSES OF DEATH

How long

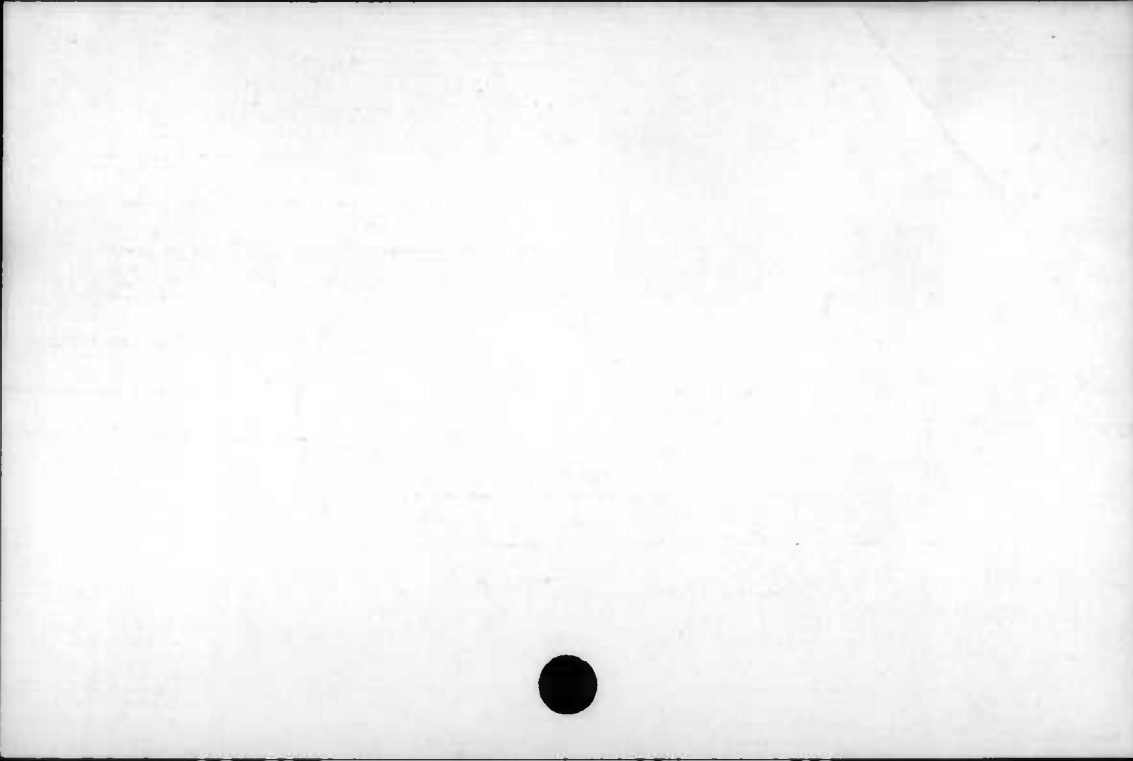
How long

PHYSICIAN
OR CORONER

Primary	Injuries before & during delivery		How long		
Immediate	Heart Failure		How long	3 minutes	
Are the name, age, sex, color, date and place correctly given above?		Yes			
Signature of Physician		Chas. R. Foltz			
Address		Westminster, Md.			
Accident or Suicide?					



Name in Full Jesse L Lester		CERTIFICATE OF DEATH			
Died at Shuloh Town		Carroll County		MARYLAND	
Date of death 1908	Month Feb	Day 25	Age 81 Years	Months 3	Days 15
Sex Male	Color or Race White		Birth-place Nr Mexico		
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Sarah A Trice				
Father's Name Henry Lester	Father's Birthplace Don't Know		Mother's Birthplace Don't Know		
Mother's Maiden Name Annie M Grammer	How related to deceased Son		79		
Name of person giving information John H Lester	CAUSES OF DEATH				
Primary Hypertrophy of Heart - Mitral Regurgitation & Dropsy	How long 9 weeks		How long		
Immediate	Signature of Physician J H Sherman M.D.				
Are the name, age, sex, color, date and place correctly given above?	Address Manchester Md				
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James L. Lowry* Town *Springfield Hosp.* County *Carroll* MARYLAND

Died at *Springfield Hosp.*

Date of death *1908* Month *2nd* Day *5th* Age *61* Years Months Days

Sex *male* Color or Race *White* Birth-place *Ind.*

Occupation *Painter* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or *Ida Lowry* *Kusbranch*

Father's Name *James T. Lowry* Father's Birthplace *Ind.*

Mother's Maiden Name *Elizabeth Dutton* Mother's Birthplace *"*

Name of person giving information *Hospital records* How related to deceased *120*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

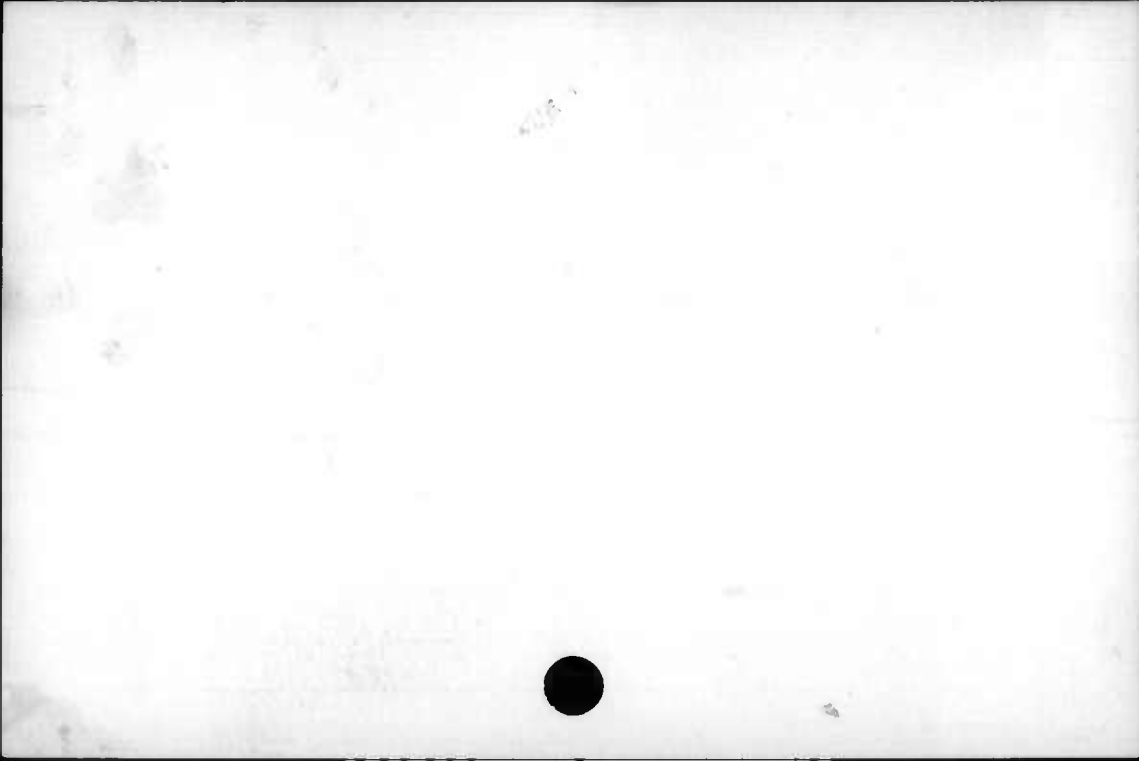
Primary *Chronic Nephritis* How long *unknown*

Immediate *Uræmia* How long *about 4 wks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Chas. J. Caney*

no Address *Sykesville Ind.*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

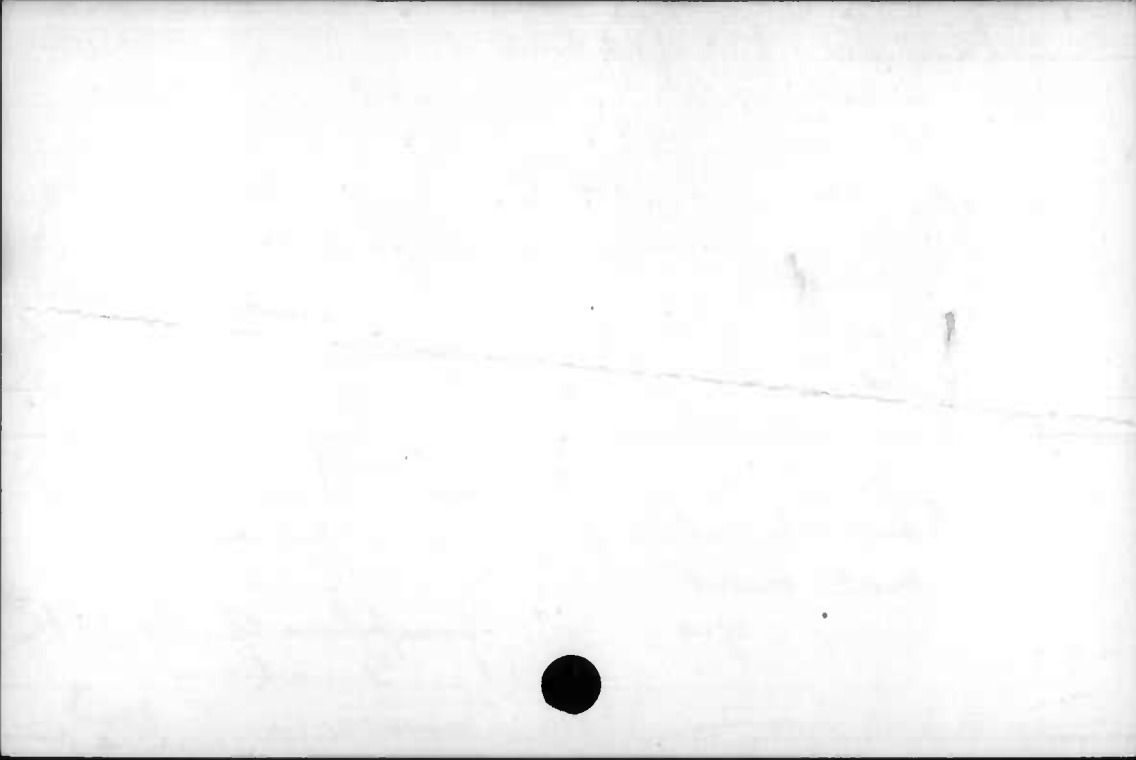
Died at <i>Sykesville</i> Town <i>Canroll</i> County		MARYLAND	
Date of death <i>1908 Feb.</i>	Month <i>Feb.</i>	Day <i>3</i>	Age <i>22</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>	Months <i>—</i>
Occupation <i>Bookkeeper</i>	Where Residing if not at place of death <i>Springfield State Hosp.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Moses McCormick</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Hospital records</i>	How related to deceased		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Dementia Praecox</i>	How long <i>2 yrs</i>
Immediate <i>Broncho-pneumonia</i>	How long <i>5 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. C. C. C.</i>
	Address <i>Sykesville Ind.</i>
Accident or Suicide? <i>Ind.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

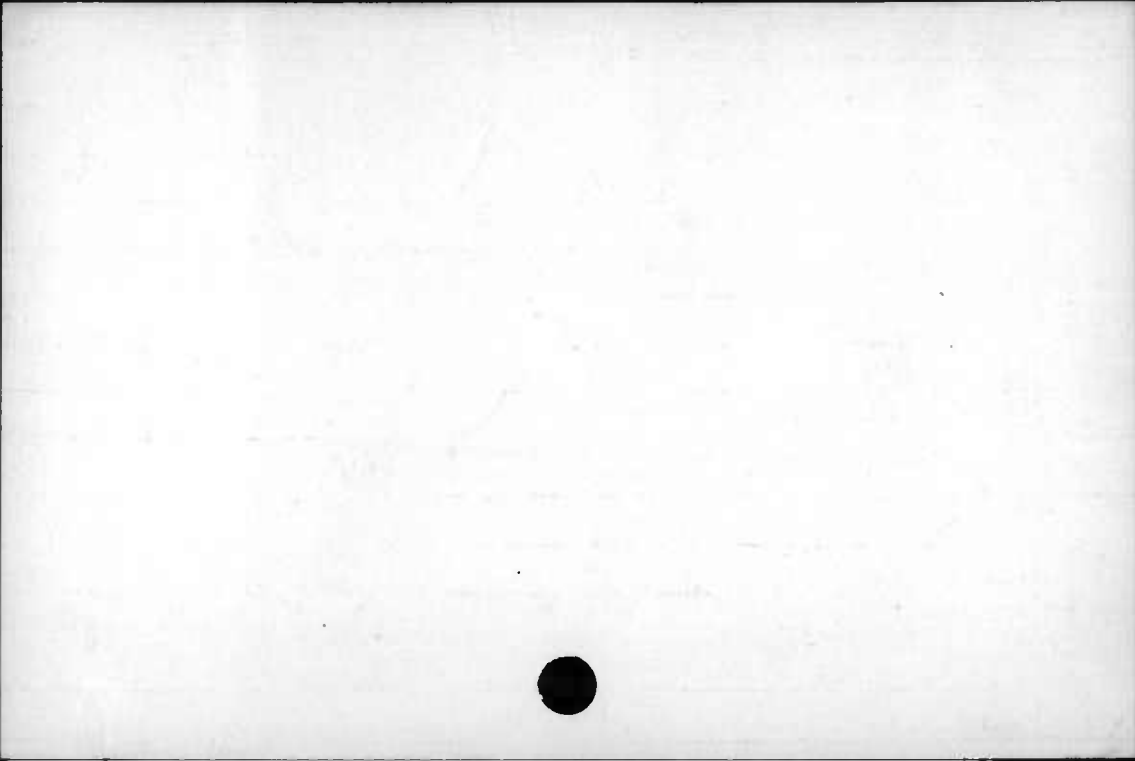
Name <i>Lebbie T. Miller</i>		Town <i>Finksburg</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Finksburg</i>		Month <i>Feb</i>		Day <i>2</i>		Years <i>2</i>	
Date of death <i>1908</i>		Month <i>Feb</i>		Day <i>2</i>		Years <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Days <i>9</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Caleb Miller</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Elizabeth Brothers</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Caleb Miller</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>since birth</i>
Immediate <i>mal-nutrition</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Josephus A. Wright</i>
	Address <i>Gamber, Carroll Co., Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Edwin L. Mitten

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Wakefield <small>Town</small>		Carroll <small>County</small>		MARYLAND	
Date of death 1908	Feb <small>Month</small>	25 <small>Day</small>	69 <small>Years</small>	10 <small>Months</small>	19 <small>Days</small>
Sex Male	Color or Race White		Birth-place Maryland		
Occupation Bookbinding	Where Residing if not at place of death Wakefield				
Married, Single or Widowed Married	Name of Wife or Husband Adelle Mitten				
Father's Name William Mitten	Father's Birthplace Maryland		Mother's Birthplace Maryland		
Mother's Maiden Name Mary A. Snicker	How related to deceased Son				
Name of person giving information Harry Mitten					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Chronic Interstitial Nephritis	How long —
Immediate Cardiac Asthenia	How long —
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. Ira E. Whitehill
	Address New Windsor Md
Accident or Suicide? —	



Name in Full		313 CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Town</i> <i>Fountain Valley</i>		County <i>Barrore</i>		MD <i>MARYLAND</i>
	Date of death <i>1908</i>	Month <i>Feb.</i>	Day <i>17</i>	Age <i>72</i>	Months <i>10</i> Days <i>—</i>
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Pennsylvania</i>		
	Occupation <i>Retired</i>	Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>—</i>			
	Father's Name <i>Don't know</i>	Father's Birthplace <i>—</i>			
	Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>—</i>			
Name of person giving information <i>Abraham Babylon</i>	How related to deceased <i>Son in Law</i>				
CAUSES OF DEATH 93					
PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>		How long <i>10 days</i>		
	Immediate <i>Same & old Age</i>		How long <i>—</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. A. Batt</i>		
			Address <i>Westminster, Md</i>		
Accident or Suicide? <i>—</i>					

Silver Moon

Name
in
Full

Sarah Ohler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

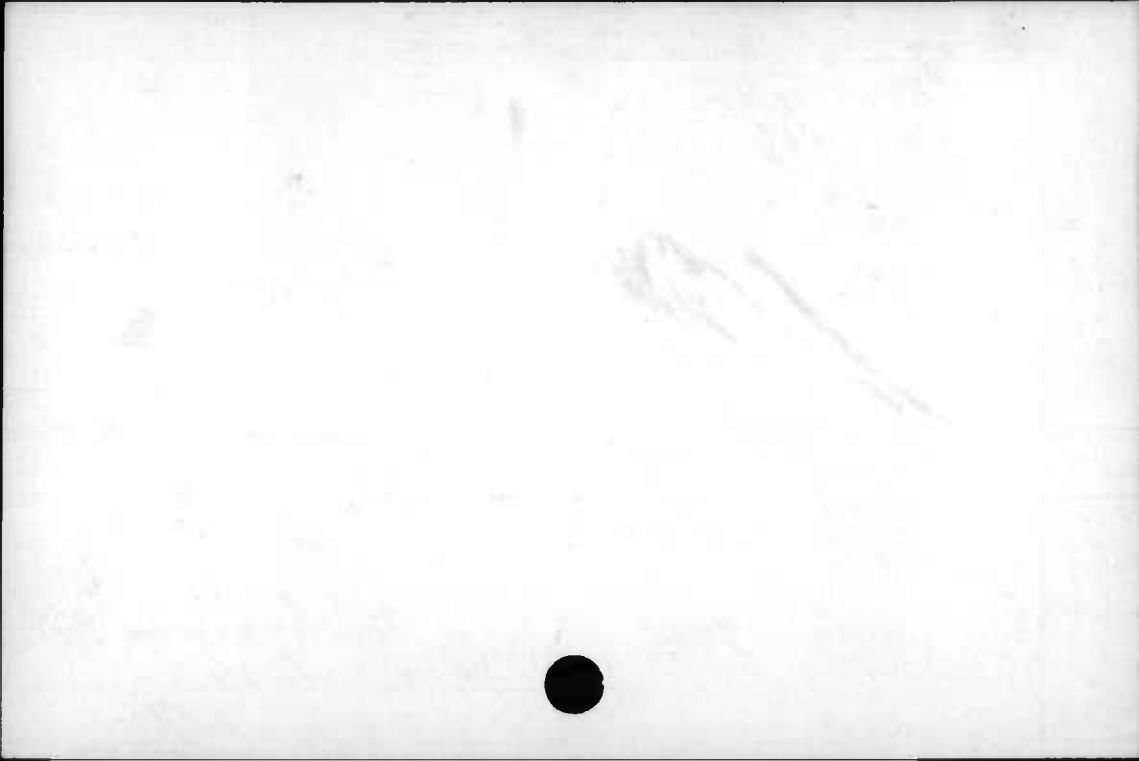
Died at <i>Springfield Hospital - Sykesville - Penna</i>		Town <i>Springfield</i>		County <i>Penn</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>February</i>	Day <i>17th</i>	Age <i>56</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>				
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Hospital records</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

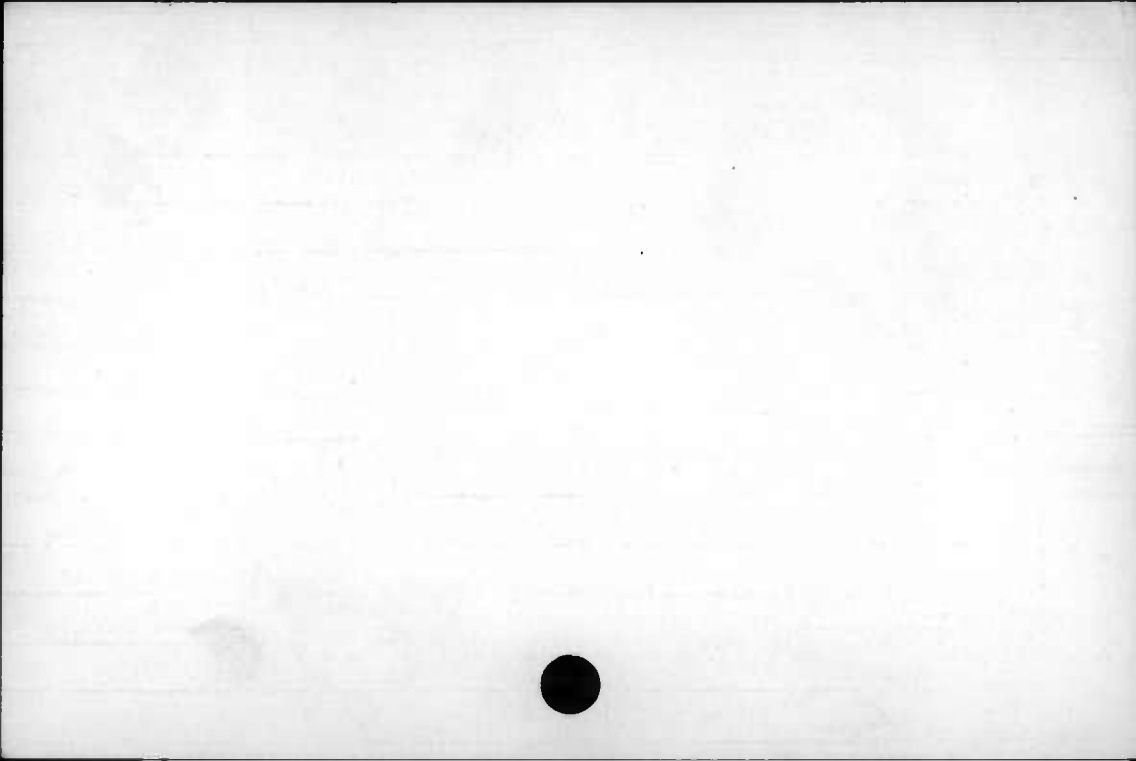
93

PHYSICIAN
OR CORONER

Primary	<i>Organic Dementia</i>	How long	<i>18 yrs.</i>
Immediate	<i>Lobar Pneumonia</i>	How long	<i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>To best</i>		Signature of Physician <i>W. Henry Fisher M.D.</i>	
<i>I of my knowledge.</i>		Address <i>Sykesville Ind.</i>	
Accident or Suicide? <i>No.</i>			



Name in Full		Daisy Romaine Rabenstein				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} Manchester		^{County} Carroll		MARYLAND			
	Date of death	1904	Month	Feb	Day	28	Age	Years 26
	Sex Female		Color or Race White		Birth-place Spring Grove Pa			
	Occupation House wife		Where Residing if not at place of death Manchester					
	Married, Single or Widowed	Married	Name of Wife or Husband Geo F Rabenstein					
	Father's Name John F. Moul		Father's Birthplace Penn.					
	Mother's Maiden Name Christina Garber		Mother's Birthplace Penn.					
	Name of person giving information Geo F Rabenstein		How related to deceased Husband					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em;">①</div>								
PHYSICIAN OR CORONER	Primary		Typhoid Fever			How long 7 weeks		
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician J H Sherman M.D.			
					Address Manchester Md			
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Taneytown</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month	<u>Feb</u>	Day	<u>15</u>
Age	<u>65</u>	Years	<u>10</u>	Months	<u>6</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>md</u>
Occupation	<u>School Teacher</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Sarah A Reck</u>		
Father's Name	<u>John Reck</u>		Father's Birthplace	<u>Pa</u>	
Mother's Maiden Name	<u>Elizabeth Fair</u>		Mother's Birthplace	<u>md</u>	
Name of person giving information	<u>Sarah A Reck</u>		How related to deceased	<u>Wife</u>	

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<u>Chronic Gastro-intestinal Perfor.</u>	How long	<u>18 months</u>
Immediate	<u>Compression of brain, Coma</u>	How long	<u>14 hours</u>
On the name, age, sex, color, date and place of death given above		Signature of Physician	<u>J. H. Sears</u>
		Address	<u>Taneytown. md.</u>
<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; border-radius: 50%; margin-right: 10px;"></div> Accident or Suicide? </div>			



Name
in
Full

Catherine M. Lineman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

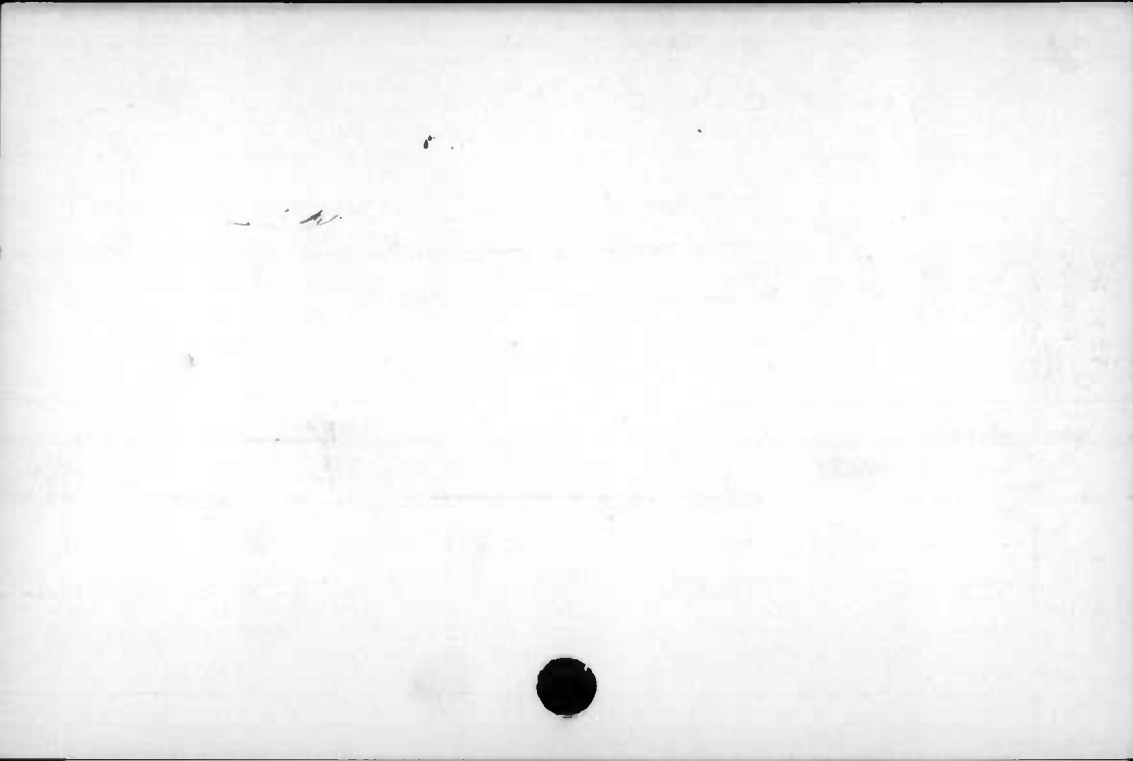
Died at <i>Hampstead</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>29</i>	Age <i>1</i>	Months <i>8</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hampstead</i>		
Occupation <i>Wor</i>			Where Residing if not at place of death <i>Hampstead</i>		
Married, Single or Widowed <i>no</i>		Name of Wife or Husband <i>Wor</i>			
Father's Name <i>Peter A. Lineman</i>			Father's Birthplace <i>near Hampstead</i>		
Mother's Maiden Name <i>Bulheart</i>			Mother's Birthplace <i>near Hampstead</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Child</i>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>supposed</i> <i>Broncho Pneumonia</i>	How long	<i>7 days</i>
Immediate	<i>Suffocation</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. R. F. Richards</i>	
		Address <i>Hampstead Md.</i>	
Accident or Suicide?			



Name
in
Full

Elizabeth Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

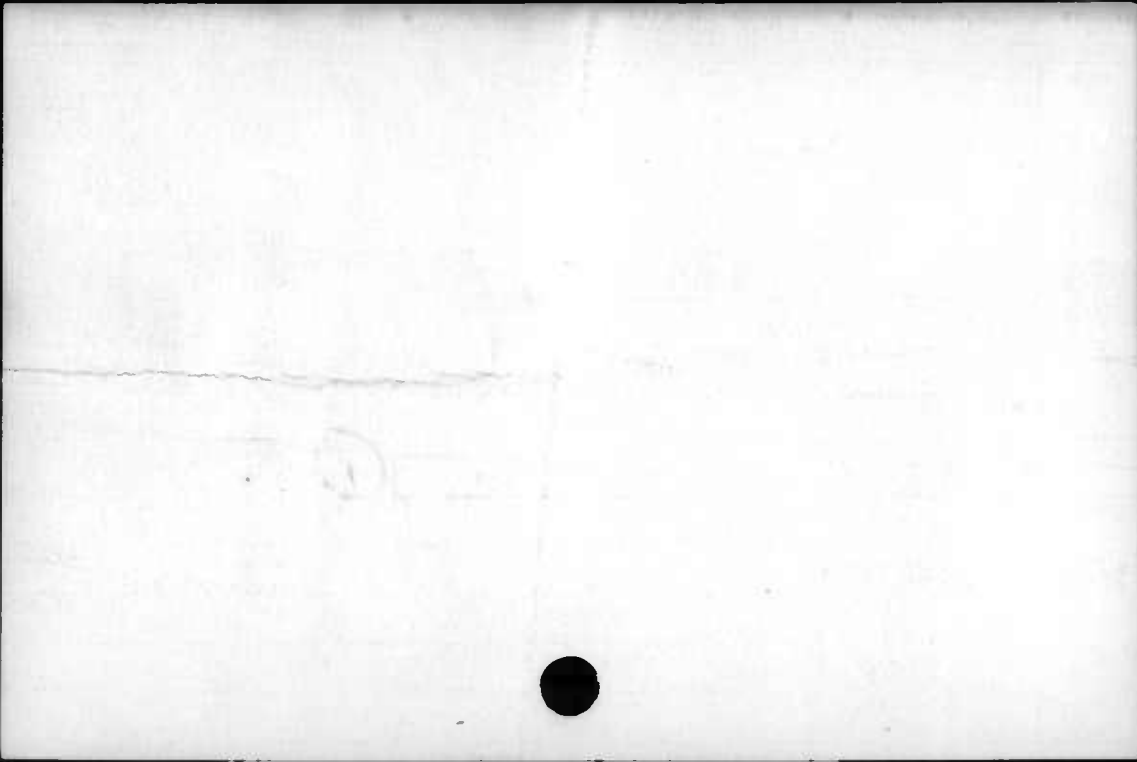
Died at <i>Springfield Hospital</i> - ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>February</i>	Day <i>21st</i>	Age <i>84</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>James Oliver</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Stinson</i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>Hospital records</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senile Dementia</i>	How long <i>?</i>
Immediate	<i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. Henry Fisher M.D.</i>
		Address <i>Sykesville Md.</i>
Accident or Suicide? <i>No.</i>		



Name in Full		Town				County		CERTIFICATE OF DEATH	
Frances Rowe		Winfield				Carroll		MARYLAND	
Died at ^{near}		Winfield				County		Carroll	
Date of death		1908	Month	2	Day	25	Age	Years	73
Sex		Female		Color or Race		White		Birth-place	
Occupation		Household Laborer		Where Residing if not at place of death		near Winfield		Md.	
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		John Rowe (deceased)				Father's Birthplace		Md.	
Mother's Maiden Name		Agnes Shoemaker (deceased)				Mother's Birthplace		Md.	
Name of person giving information		Luther M. Bushey				How related to deceased		Cousin.	
CAUSES OF DEATH									
10									
Primary		Griff, Mitral Insufficiency				How long		2 weeks	
Immediate		heart exhaustion				How long		3 days	
Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		E. D. Crank	
						Address		Winfield & Carroll Co.	
Accident or Suicide?									

Measick

Name
in
Full

Earle, E. Shoemaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harney</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>2</i>	Day <i>10</i>	Age <i>13</i>	Months <i>7</i> Days <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Edward Shoemaker</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Hattie Lambert</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Edward Shoemaker</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary <i>Dysphoid fever & Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Convulsions</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chandos M. Benner M.D.</i>
	Address <i>Panegyton Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Emma Virginia Shower

Town

County

MARYLAND

Died at

Manchester

Carroll

Date

of death 1908 February

Month

Day

4

Years

Age 58

Months

8 10

Days

18

Sex

Female

Color or
Race

White

Birth-
place

Manchester

Occupation

School Teacher

Where Residing if not
at place of death

Manchester

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Geo. Shower

Father's
Birthplace

Manchester

Mother's
Maiden Name

Rachel E. Enoch

Mother's
Birthplace

Baughmans Valley

Name of person giving
Information

Rachel A. Hecker

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Severe Burns by fire

How long

7 weeks

Immediate

Drowning

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

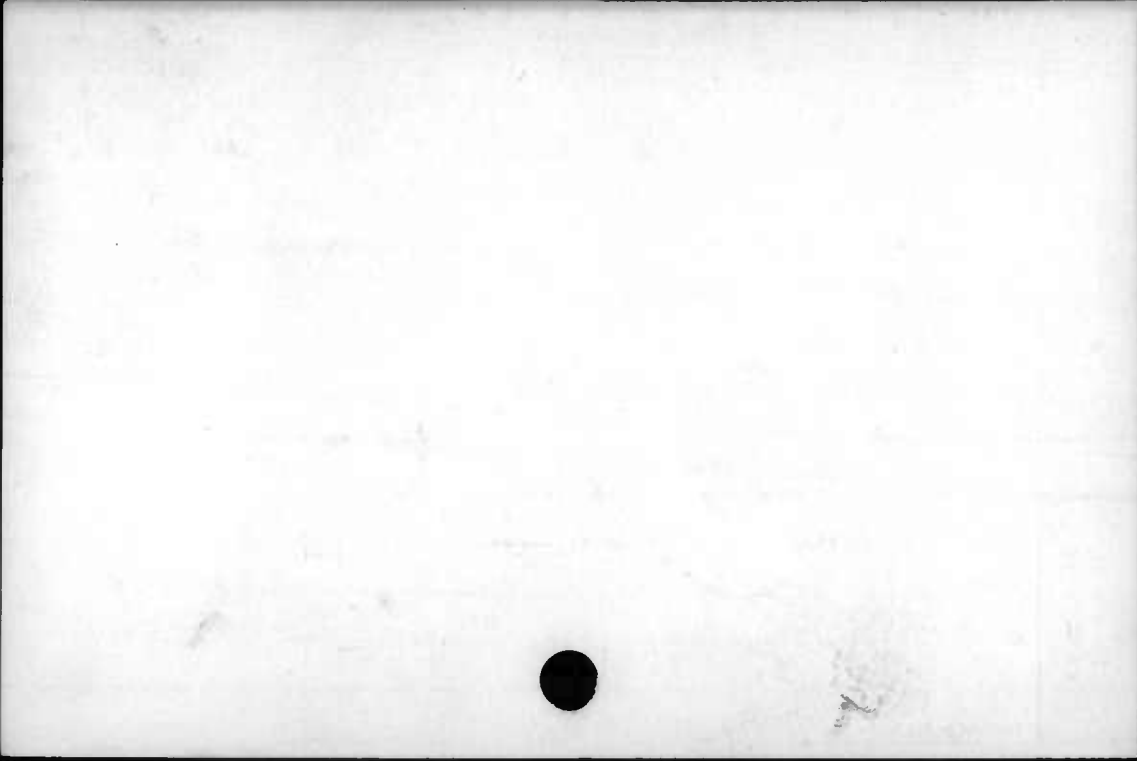
J. F. B. Weaver

Manchester

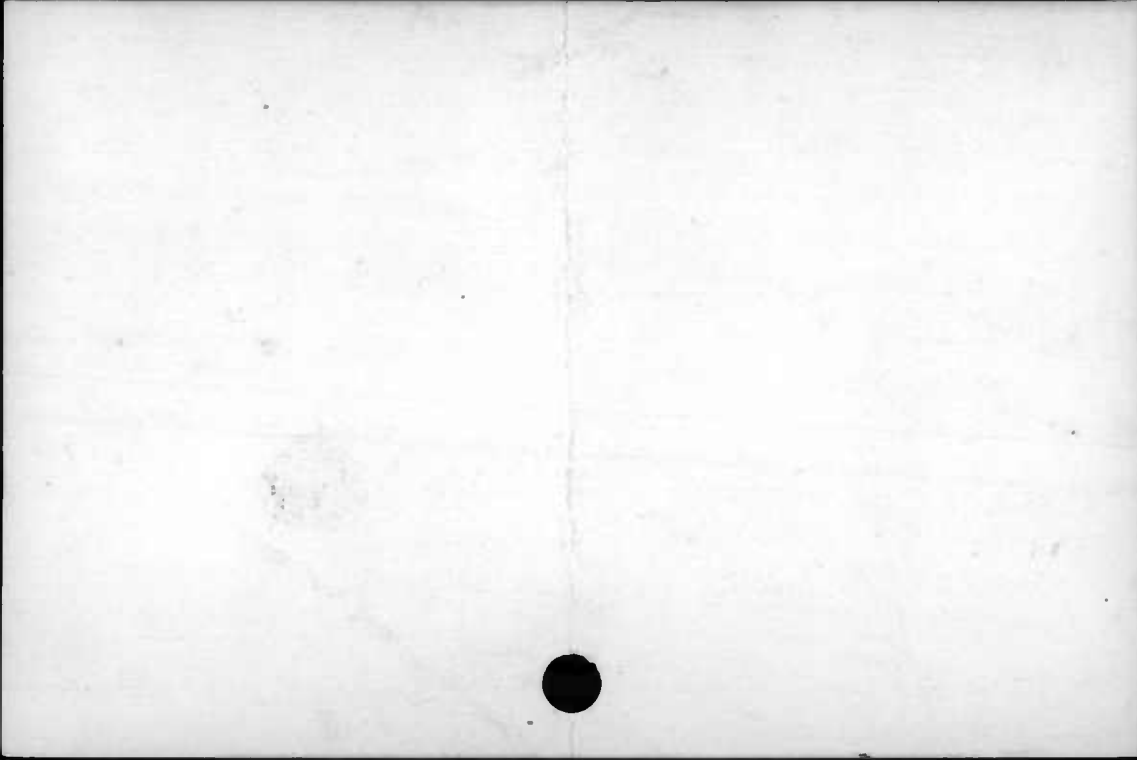
Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full Lyander Smith		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Mt Airy Town		County Carroll		MARYLAND
	Date of death 1908	Month 7th	Day 28	Years 50	Months One Days 28
	Sex Male	Color or Race White American		Birth place Near Ridgville Carroll Co Md	
	Occupation Locomotive Engineer		Where Residing if not at place of death Ridgville, Md.		
	Married, Single or Widowed Married	Name of Wife or Husband Amanda Smith			
	Father's Name Geo. J. Smith		Father's Birthplace Montgomery Co.		
	Mother's Maiden Name Mary E. Harrison		Mother's Birthplace Carroll Co.		
Name of person giving information David Smith		How related to deceased Brother			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Exposure		How long 8 days		<div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 93 </div>
	Immediate Pneumonia Double		How long 3 days		
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. E. Brownell		
			Address Mt. Airy, Md.		
	Accident or Suicide?				



Name
in
Full

Harry Shepherd Stouffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

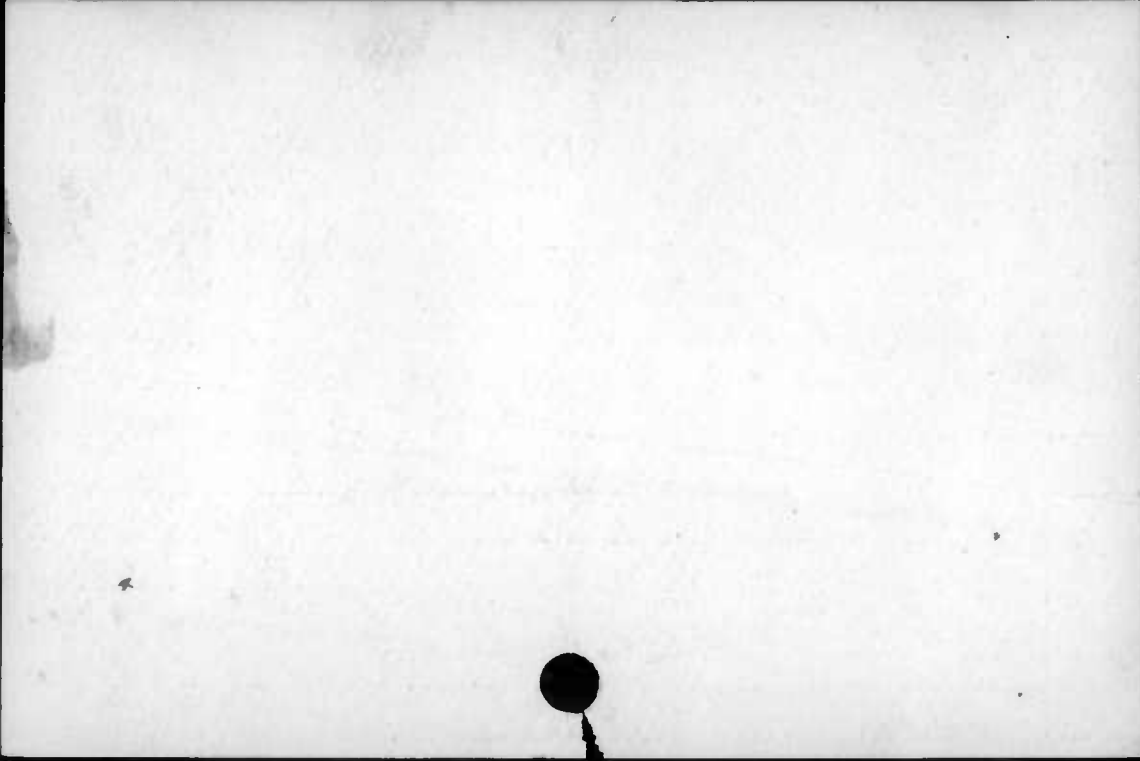
MARYLAND

Died at ^{Town} New Windsor ^{County} CarrollDate of death 1908 ^{Month} Feb ^{Day} 19 ^{Age} 28 ^{Years} ^{Months} ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} MarylandOccupation Furber ^{Where Residing if not at place of death} New WindsorMarried, Single or Widowed Married ^{Name of Wife or Husband} Carrie StoufferFather's Name Philip H Stouffer ^{Father's Birthplace} MarylandMother's Maiden Name Elsie Shepherd ^{Mother's Birthplace} MarylandName of person giving information Harry J. Humes ^{How related to deceased} cousin

CAUSES OF DEATH

78

Primary Myocarditis ^{How long} 2 yearsImmediate " ^{How long} 4 daysAre the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} Dr. Ira E. Whitehill^{Address} New WindsorAccident or Suicide? ^{3rd}



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hammer</i>		County <i>Carroll</i>		MARYLAND
	Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>27</i>	Age <i>—</i>	Months <i>—</i> Days <i>1</i>
	Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>	
	Occupation <i>seaman</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>			
	Father's Name <i>Unknown</i>	Father's Birthplace <i>unknown</i>			
	Mother's Maiden Name <i>Maud J. Stuller</i>	Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Lummafeld J. Stuller</i>		How related to deceased <i>Uncle</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Pneumonia</i>		How long <i>—</i>	
	Immediate	<i>Heart Failure</i>		How long <i>one day</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>no physician in attendance</i>		
			Address <i>Chas. R. Fouts, H.O. Westminister, Md.</i>		
	Accident or Suicide? <i>—</i>				



Name
in
Full

Pauline E Stuller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

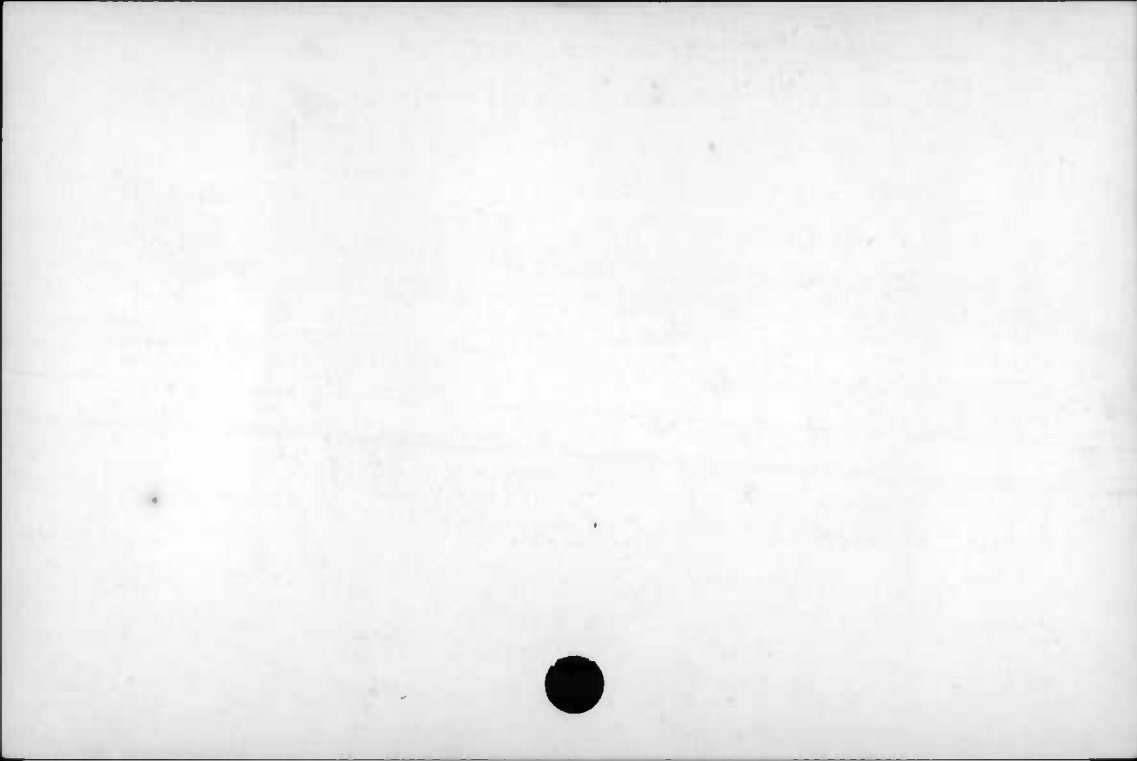
Died at <i>Toneytown</i> ^{Town}		<i>Seist</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>2</i> ^{Month}	<i>5</i> ^{Day}	<i>—</i> ^{Years}	<i>2</i> ^{Months} <i>16</i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>None</i>		Birth-place	<i>Ind</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Joseph Stuller</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Rosa B Haines</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Joseph Stuller</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>1 month</i>
Immediate	<i>Pneumonia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>C. M. Benner M.D.</i>
		Address	<i>Toneytown Maryland</i>
Accident or Suicide?			



Name
in
Full

Robert S. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

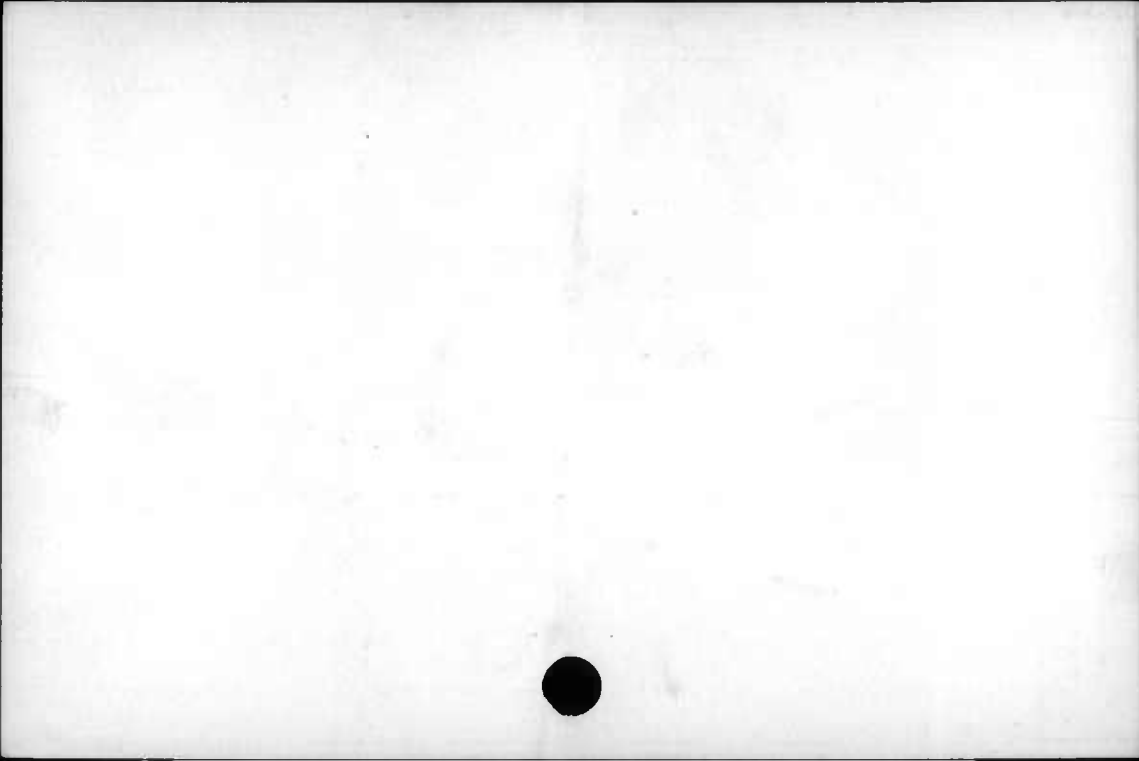
Died at <i>Springfield Hosp.</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1908	Month	Feb.	Day	1 st	Age	57
Sex	male		Color or Race	white		Birth-place	Va.
Occupation	Clerk			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Robert S. Thomas					Father's Birthplace	Va.
Mother's Maiden Name	Sarah A.C.					Mother's Birthplace	"
Name of person giving information	Hospital records					How related to deceased	

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary	<i>Epileptic dementia</i>		How long	42 years
Immediate	<i>General debility</i>		How long	Progressive
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	<i>Chas. J. Carey</i>
			Address	<i>Sykesville Md.</i>
Accident or Suicide?		no		



Name
In
Full

CERTIFICATE OF DEATH

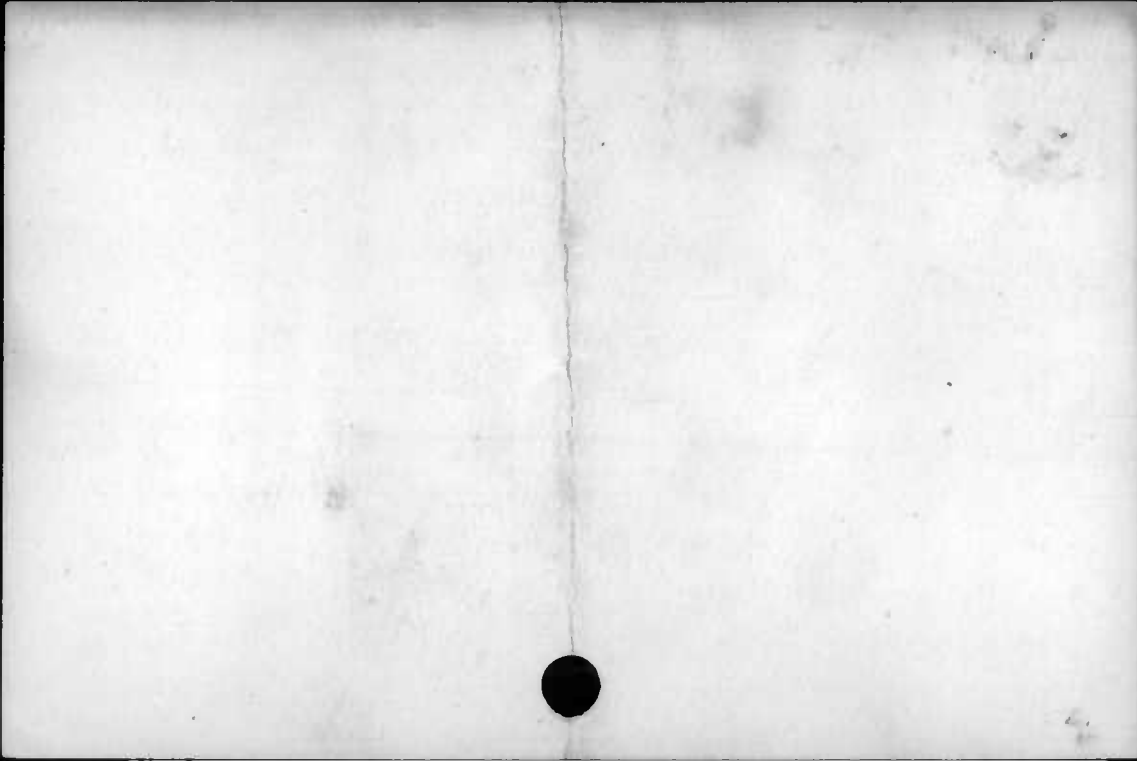
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>town</i> <i>St. Ann.</i>		County <i>Cavall</i>		MARYLAND	
Date of death <i>1908</i> <i>Feb.</i>		Day <i>8</i>	Age <i>37</i>	Months <i>1</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Washington Co. Md.</i>		
Occupation <i>Ind. Str.</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Anna Thompson</i>				
Father's Name <i>Philip Thompson</i>		Father's Birthplace <i>Washington Co. Md.</i>			
Mother's Maiden Name <i>Mary Christ</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Anna Thompson</i>		How related to deceased <i>Wife</i>		<i>27</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	
Immediate	<i>Cardiac Failure</i>	How long	<i>Twenty four hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. T. Smith M.D.</i>	
		Address <i>St. Ann. Md.</i>	
Accident or Suicide?			



Name

is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

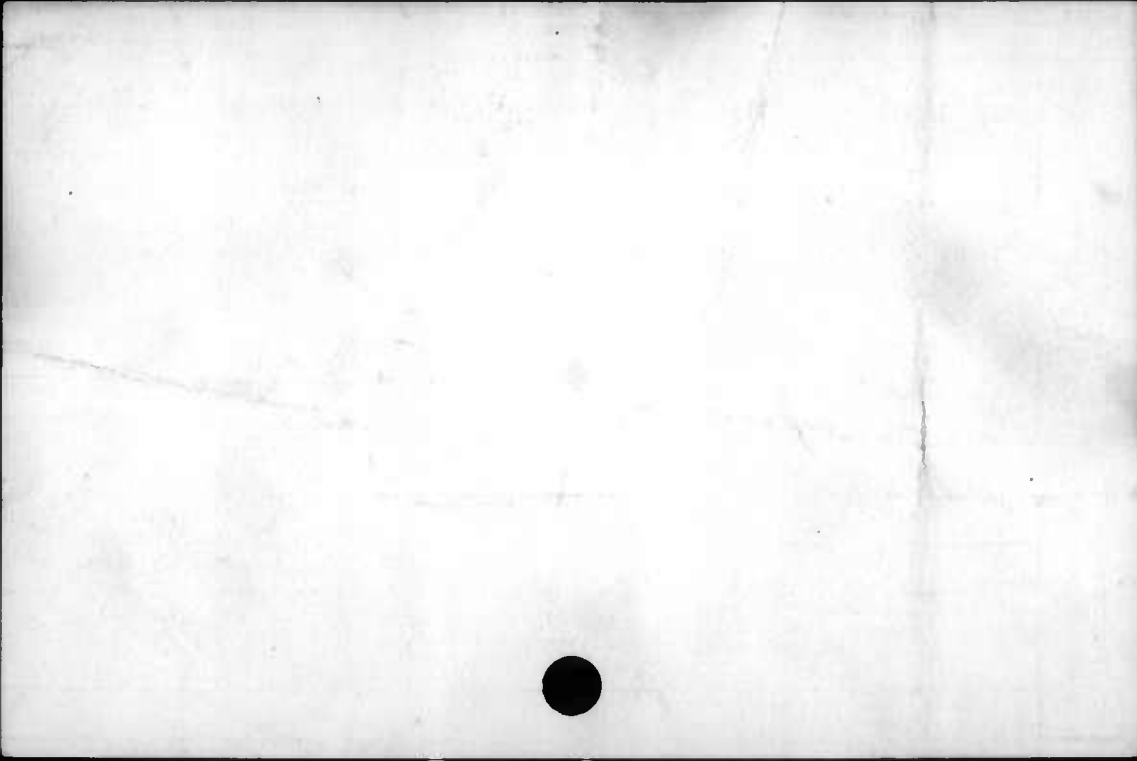
Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1908	Month	Feb	Day	10	Age	60
Sex	Male		Color or Race	White		Birth-place	Med.
Occupation	Unknown			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	"					Mother's Birthplace	"
Name of person giving information	Hospital record					How related to deceased	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Dementia</i>	How long	<i>13 years</i>
Immediate	<i>Chronic Nephritis</i>	How long	<i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<i>Char. J. Carey</i>	
		<i>Lyonsville Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hampstead</i> ^{Town}		<i>Wheler</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Feb</i> ^{Month}	<i>19</i> ^{Day}	Age <i>still born</i> ^{Years}	Months <i>1</i>	Days <i>1</i>
Sex <i>Boy</i>	Color or Race <i>white</i>		Birth-place <i>Hampstead</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Joshua T Wheeler</i>	Father's Birthplace <i>Baltimore Md</i>				
Mother's Maiden Name <i>Bettie Bipler</i>	Mother's Birthplace <i>Green Mount</i>				
Name of person giving information <i>Father</i>	How related to deceased <i>—</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. H. Preston M.D.</i>	
	Address <i>Manchester Md</i>	
Accident or Suicide?		

Thomas McIntyre, Jr.
New York

John
New York

Name
in
Full

Francis Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Kenns* ^{Town} *Carroll* ^{County} **MARYLAND**

Date of death *1908* ^{Month} *Feb* ^{Day} *25* ^{Age} *80* ^{Years} *4* ^{Months} *21* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Blacksmith* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Julia E Williams*

Father's Name *John Williams* Father's Birthplace *Unknown*

Mother's Maiden Name *Temperance Harris* Mother's Birthplace *"*

Name of person giving information *J. H. Fleagle* How related to deceased *Son-in-law*

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

Primary *Chronic Enlarged prostate gland* How long *2 years*

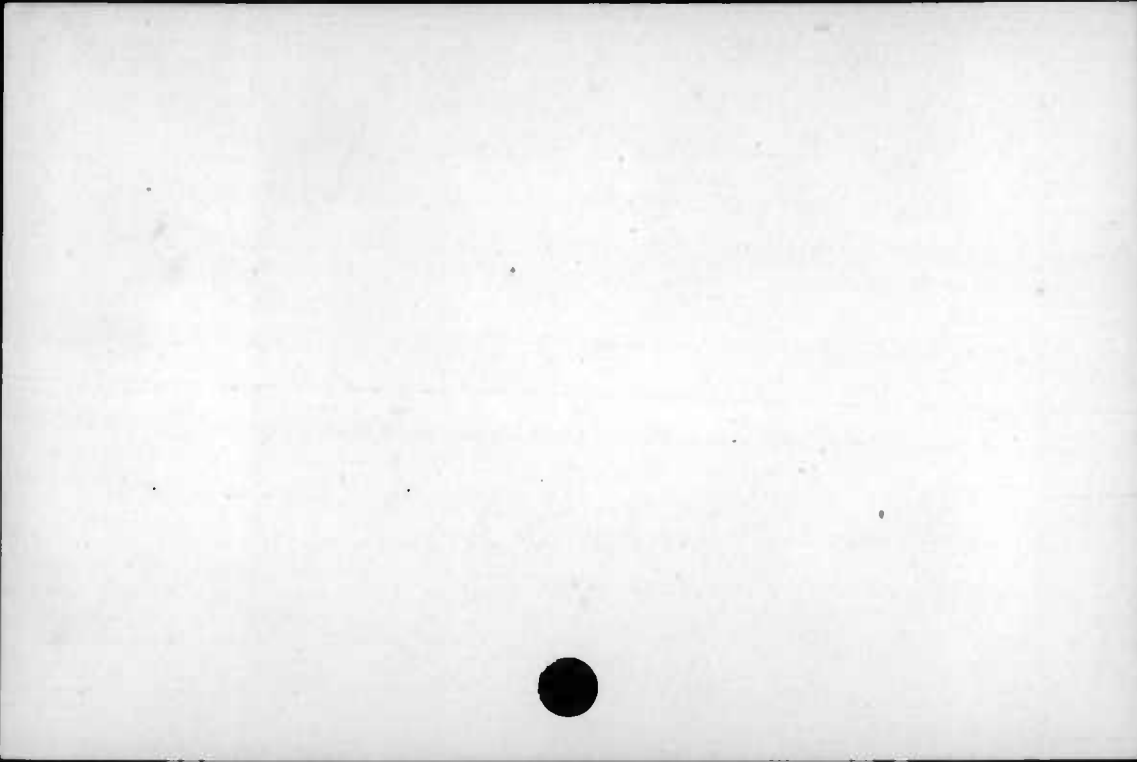
Immediate *Auto Infection* How long *1 month*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Charles D. Prop*

Address *Taneytown Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hampstead</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>2</u> ^{Month}	<u>24</u> ^{Day}	<u>43</u> ^{Years}	<u>6</u> ^{Months}	<u></u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Hampstead, Md.</u>		
Occupation <u>Painter</u>	Where Residing if not at place of death <u>X</u>				
Married, Single <u>Widowed</u>	Name of Wife or Husband <u></u>				
Father's Name <u>Benj. Worthington</u>	Father's Birthplace <u>Pa.</u>				
Mother's Maiden Name <u>Harriet A. Hagerm.</u>	Mother's Birthplace <u>Hampstead, Md.</u>				
Name of person giving information <u>Engene Worthington</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary <u>Alcoholism</u>	How long <u>1. wk.</u>
Immediate <u>Concussion of Brain from fall</u>	How long <u>6 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Edgar M. Bush</u>
	Address <u>Hampstead, Md.</u>
Accident or Suicide? <u>Accident</u>	

191

Name
in
Full

Mrs L. E. Youngling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cranberry</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>6th</i>	Age <i>69</i>	Months <i>8</i>	Days <i>25</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>York Co Pa</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John T. Youngling</i>				
Father's Name <i>Samuel Ickes</i>	Father's Birthplace <i>York Co Pa</i>				
Mother's Maiden Name <i>Mary Hostetter</i>	Mother's Birthplace <i>York Co Pa</i>				
Name of person giving information <i>John T. Youngling</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Diabetes</i>	How long <i>Don't Know</i>
Immediate <i>La Grippe</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Sherman M.D.</i>
	Address <i>Manchester</i>
	<i>Maryland</i>
Accident or Suicide?	

